

Clinician Administered Drug Procedure Codes Added During Quarterly HCPCS Updates Maybe Payable According to the CMS Effective Date

Beginning November 1, 2016, clinician administered (also known as physician administered) drug procedure codes added during quarterly Healthcare Common Procedure Coding System (HCPCS) updates may be payable according to the Centers for Medicare & Medicaid Services (CMS) effective date.

The rate for clinician administered drug procedure codes included in a quarterly HCPCS update and approved to be added as Medicaid benefits by HHSC may be effective as of the CMS effective date. Claims submitted to the Texas Medicaid Healthcare Partnership (TMHP) will deny until the rate is implemented, but affected claims will be reprocessed back to the CMS effective date. The procedure code(s) will be payable at the published rate until the HHSC rate hearing is held, as required by the Texas Administrative Code 355.201.

MCOs and providers can refer to the *Texas Medicaid Provider Procedures Manual* or the *CSHCN Services Program Provider Manual* for current benefit information.

For more information, call TMHP Contact Center at 1-800-925-9126 or the TMHP- CSHCN Services Program Contact Center at 1-800-568-2413.